



STATE OF UTAH EMPLOYEE ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM (NON-PAYROLL)

PAYEE INFORMATION			
*EMPLOYEE NUMBER	**NAME	**DEPT/UNIT	*PHONE NUMBER
STREET ADDRESS		CITY	STATE ZIP CODE

FINANCIAL INSTITUTION			
FINANCIAL INSTITUTION NAME		CITY	STATE ZIP CODE
ROUTING TRANSIT NUMBER(9 DIGITS)	ACCOUNT NUMBER	TYPE OF ACCOUNT	
		Checking	Savings

The above orange fields are NOT saved to the database, nor are they eMailed along with the rest of the form. This is because of privacy issues regarding Routing Numbers and Bank Account Numbers. Please print this form and sign by hand for these numbers to appear on the form.

AUTHORIZATION FOR SETUP	
<p>I hereby authorize the State of Utah ("the State") to initiate credit entries to the account number listed above ("this Account"). I further authorize the State to correct credit entries made in error to this Account. I agree that this AUTHORIZATION is to remain in full force and effect until the State has received written notification from me of its termination, in such time and manner as to afford the State and the Financial Institution a reasonable opportunity to act upon my notification. I recognize that if I fail to provide complete or accurate information on the above AUTHORIZATION FORM, the processing of this form may be delayed and/or my payments may be erroneously transferred. In the event that funds are erroneously transferred due to my failure to provide complete or accurate information on this form, I hereby hold the State harmless for the recovery of such erroneous transfers, not withstanding any reasonable attempts made by the State to correct such errors.</p>	
**SIGNATURE	**SUBMITTED DATE (Filled in automatically after save)

**Read Only Fields.

SAMPLE CHECK

*Fields Required to save form.

CHRIS MAPLE LAURA MAPLE 123 Main Street Anyplace, CA 90000	DATE	15-0000000
PAY TO THE ORDER OF	\$	
DOLLARS		
ANYPLACE BANK	Routing Transit Number	Account Number
FOR	Do not include the check number	
I: 250250025	I: 20202086	II: 1234

FORM INSTRUCTIONS

- Payee Information** - The name, employee number, phone number (including the area code), and address of the individual or organization receiving the deposit.
- Financial Institution Name** - The name of the Financial Institution to which the deposit is being sent, the payee's Financial Institution.
- City and State** - The city and state where the payee's Financial Institution branch is located.
- Routing Transit Number** - The 9 digit number associated with the Financial Institution of the payee. See the sample check on this form to find where these numbers are located. If there is any question, call the Financial Institution and get this information from them.
- Account Number** - The account number of the payee. See the sample check on this form to find where these numbers are located. If there is any question, call the Financial Institution and get this information from them.
- Type of Account** - Mark whether the payee's account number is checking or savings.
- This form must be signed and dated or it is not valid.**